

INSTRUCTIONS PLAN APPROVAL APPLICATION

Completion and submission of this form is required for the plan review process mandated by ss. 50.02(2)(b)1. and 50.36(2)(a), Wis. Stats. Failure to provide all of the information may delay the plan review. Personal information will be used for identification and communication and will not be used for any other purpose. If you have questions about the completion of this form, call 608-243-2088 for assistance. This form can be reproduced as needed.

PLEASE NOTE: (COM 61.50) If this building, following construction of this project, contains more than 50,000 cubic feet in total volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect. Signature and seals shall be original.

Complete all sections of this form and submit the form, fee (if applicable), and at least two (2) **bound** sets of plans bearing the required seals and signatures to the address below.

ALL SIGNATURES MUST BE ORIGINAL. Incomplete forms shall be returned for the required information.

- If multiple designer information is required (Section 5) additional copies of Section 5 may be used and attached to the Plan Approval Application form.
- All plans must be submitted to the address on this form; however, PLAN REVIEWS may be scheduled at the appropriate Central or Regional Office.

DO NOT SUBMIT PLANS TO REGIONAL OFFICES

A separate fee and form must be submitted for each building/project. There is NO FEE for preliminary plan reviews.

An application form must be included with the following submittals:

- All Final and Revised plans
- Final Footing and Foundation plans
- Mailed or hand delivered Preliminary plans
- All Plans submitted for "Courtesy Review" including or not limited to ASCs, ESRDs, and Medical Office Buildings not attached to a building

PERMISSION TO START allows the start of demolition necessary for construction or footing and foundations work.

- It is **optional** and not a requirement for the final plan review.
- The submittal must include final plans, the Permission to Start form DDE-2457, the Plan Approval Application form DDE-2333, and appropriate fees.

FOOTING AND FOUNDATION PLANS (Miscellaneous Fee)

- The submittal must include final footing and foundation plans, preliminary architectural plans, Plan Approval Application form DDE-2333, and appropriate fee (\$250)
- Long Term Care submittals - Also see RAP requirements

MISCELLANEOUS PLANS include:

- footing and foundation (submitted separately)
- demolition plans
- erosion control plans disturbing one (1) or more acres
- antennas installed on buildings
- structural plans submitted as independent projects
- exhaust systems and spray booths
- other submittal not listed

Make check payable to the **DIVISION OF DISABILITY AND ELDER SERVICES**.

MAILING ADDRESS
Division of Disability and Elder Services Bureau of Quality Assurance Health Services Section 2917 International Lane, Suite 300 Madison WI 53704-3100

--SEE NEXT PAGE FOR FEE TABLES--

FEE TABLES

AREA The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, balconies, lofts, all stories and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total area is the summation of all floor areas.

Use both Table A and Table B to calculate the plan review submittal fee to be applied to all new construction or remodeling projects using COMM Group I-2 and applicable HFS Codes in hospital and/or nursing home facilities.

Use only Table A to calculate the plan review submittal fee based on area that is to be applied to all new construction or remodeling projects using COMM Codes other than COMM Group I-2 that are physically attached to hospital and/or nursing home facilities. **The discount cannot be applied to the Table A only fee for the review of a non-Group I-2 building.**

Use only Table B to calculate the plan review submittal fee based on estimated construction and/or equipment cost that is to be applied to new projects using only applicable HFS Codes. This includes, but is not limited to, equipment upgrade, equipment retro-fit or change of use areas. (This may include generators, air handlers, chillers, nurse call systems, sprinkler systems, fire alarm systems, heat and smoke detector systems, etc.)

TABLE A				
AREA (SQUARE FEET)	FEES			
	Building & HVAC	Building ONLY	HVAC ONLY	Lighting ONLY
Less than 2,500	320	270	190	190
2,501 - 5,000	430	320	240	240
5,001 – 10,000	580	480	270	270
10,001 – 20,000	900	630	370	370
20,001 – 30,000	1,280	900	480	480
30,001 – 40,000	1,690	1,220	690	690
40,001 – 50,000	2,280	1,590	900	900
50,001 – 75,000	3,080	2,120	1,220	1,220
75,001 – 100,000	3,880	2,600	1,690	1,690
100,001 – 200,000	5,940	4,240	2,120	2,120
200,001 – 300,000	12,200	7,430	4,770	4,770
300,001 – 400, 000	17,190	11,140	6,900	6,900
400,001 – 500,000	21,220	13,790	9,020	9,020
over 500,000	22,810	14,850	10,080	10,080

TABLE B	
Estimated Project Cost	Fee
LESS THAN \$4,999	\$100
\$5,000 - \$24,999	\$300
\$25,000 - \$99,999	\$500
\$100,000 - \$499,999	\$750
\$500,000 - \$999,999	\$1,500
\$1,000,000 - \$4,999,999	\$2,500
\$5,000,000 AND OVER	\$5,000

OFFICE USE ONLY	
HSS Project No.	Plan No.

PLAN APPROVAL APPLICATION

Read the instructions and complete the entire form prior to submitting the application, fees and plan.

1. OWNER

Name		Company Name	
Street Address, City, State, Zip Code		Email Address	
Contact Person	Title	Telephone No.	FAX No.

2. PROJECT INFORMATION

Building Occupancy Chapter(s) and Use	Tenant Name (if any)
Building Location (number and street), City, State and Zip	

☐ Hospital ☐ ESRD, ASC, Medical Office Bldg., Other _____ ☐ Long Term Care Facility ☐ Hospice
☐ Attached ☐ Satellite

Project Description

3. BUILDING OR STRUCTURE DESIGNER

Designer		Registration No.
Design Firm		Project No.
Street Address, City, State and Zip Code		Email Address
Contact Person	Telephone Number	FAX Number

4. SUBMITTAL REQUEST

Project	Review Requested
<input type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> New Addition <input type="checkbox"/> Use Change <input type="checkbox"/> OTHER _____	<input type="checkbox"/> Footing and Foundation <input type="checkbox"/> Permit to Start Building <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting
<input type="checkbox"/> Preliminary Plans <input type="checkbox"/> Final Plans <input type="checkbox"/> Revisions to Previously Approved Plans <input type="checkbox"/> Variance/Waiver Request	<input type="checkbox"/> Structural Component <input type="checkbox"/> Sprinkler <input type="checkbox"/> Equipment System Replacement <input type="checkbox"/> Fire Alarm System

5. HVAC – SPRINKLER - LIGHTING DESIGNER

Designer		Registration Number
Design Firm		Project Number
Street Address, City, State and Zip Code	Email Address	
Contact Person	Telephone Number	FAX Number

6. BUILDING INFORMATION

- | | | |
|--|---|--|
| <input type="checkbox"/> COMPLETE Sprinkler – NFPA _____ | <input type="checkbox"/> Unlimited Area | <input type="checkbox"/> Smoke Detection |
| <input type="checkbox"/> PARTIAL Sprinkler - NFPA _____ | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Emergency Power |

Total cubic foot volume of the building upon completion of the project ☐ Less Than 50,000 ☐ More Than 50,000

- | | |
|---|--|
| <input type="checkbox"/> Energy Tradeoffs Used
Building, lighting, and HVAC
must be submitted together. | <input type="checkbox"/> Energy Tradeoffs Not Used
Building and lighting and must be submitted.
HVAC may be submitted separately. |
|---|--|

Total Number of Stories _____	Soil Bearing Capacity _____ psf	Erosion Control Information
Entire Bldg. Footprint Area _____ sq. ft.	<input type="checkbox"/> Presumed <input type="checkbox"/> Verified	<input type="checkbox"/> Less Than One (1) Acre Disturbed <input type="checkbox"/> One (1) or More Acres Disturbed

7. CONSTRUCTION CLASS REQUESTED

- | | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1. Type IA | <input type="checkbox"/> 2. Type IB | <input type="checkbox"/> 3. Type IIA | <input type="checkbox"/> 4. Type IIB | <input type="checkbox"/> 5. Type IIIA |
| <input type="checkbox"/> 6. Type IIIB | <input type="checkbox"/> 7. Type IV | <input type="checkbox"/> 8. Type VA | <input type="checkbox"/> 9. Type VB | |

If plans do not show compliance with requested construction class but are approvable at a lower class, do you wish approval at the lower class? ☐ Yes ☐ No

8. NFPA LIFE SAFETY CODE 101 CONSTRUCTION TYPES (*Existing with waiver only)

- ☐ I. (443) ☐ I. (332) ☐ II. (222) ☐ II. (111) ☐ II. (000) ☐ III. (211) ☐ III.(200)* ☐ IV. (2HH) ☐ V. (111) ☐ V. (000)*

9. SUPERVISING PROFESSIONAL INFORMATION

- | | | | |
|---------------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> For Building | <input type="checkbox"/> Same as Building Designer | <input type="checkbox"/> For HVAC | <input type="checkbox"/> Same as HVAC Designer |
| <input type="checkbox"/> For Lighting | <input type="checkbox"/> Same as Lighting Designer | | |

SIGNATURE – Supervising Professional (if different from designer)	Registration Number
Street Address, City, State and Zip Code	Telephone Number

10. FEE CALCULATION

TABLE A CALCULATION

(Attach a separate sheet if necessary for the calculations below)

Floor Level (specify)	Length	Times	Width	Equals	Area
		X		=	
		X		=	
		X		=	
		X		=	
(CHECK ONE) ➡ ➡ ➡			TOTAL AREA	=	

- ☐ Building and HVAC
☐ Building ONLY
☐ HVAC ONLY
☐ Lighting ONLY

(REFER TO TABLE A. SEE INSTRUCTIONS)

TABLE A FEE AMOUNT

\$

TABLE B CALCULATION

Estimated Project Cost	Project Cost Includes Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No
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(REFER TO TABLE B. SEE INSTRUCTIONS.)

TABLE B FEE AMOUNT

\$

Table A Fee Amount	Plus	Table B Amount	Equals	Subtotal of A + B	Times .95	A / B Fee Subtotal
	+		=		X .95**	

PERMISSION TO START (OPTIONAL)

NOTE: If Permission to Start is selected, a Request for Permission to Start form (DDE-2457) MUST be completed and accompany this application. See instructions.

\$80

Enter Fee Amount ➡

MISCELLANEOUS FEES

1.	Misc. plans including footing and foundation	\$250	Enter Fee Amount ➡	
2.	Revisions to previously examined plans (except those mandated by previous letter)	\$100	Enter Fee Amount ➡	

****This discount cannot be applied to the Table A only fee for the review of a non-Group I-2 building.**

**TOTAL FEE
SUBMITTED**

11. OWNER'S STATEMENT

I request that plans be reviewed for compliance with the code requirements set forth in Chapters COMM 61 - 65 of the rules of the Department of Commerce. I recognize that I am responsible for compliance with all code requirements and any conditions of plan approval. If this building exceeds 50,000 cubic feet in total volume, I will retain a supervising professional as required by COMM 61.31, throughout construction to project completion and the filing of a Compliance Statement by the supervising professional prior to occupancy.

SIGNATURE – Owner	Name and Title (print)
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12. DESIGNER'S STATEMENT

DESIGN (COMM 61.50) If this building, following construction of this project, contains more than 50,000 cubic feet in total volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect (COMM 61.31). Signature and seals shall be original. I certify that the submitted plans were prepared under my supervision, are accurate, and to the best of my knowledge comply with the applicable codes of the Department of Commerce.

13. SUPERVISING PROFESSIONAL'S STATEMENT

(COMM 61.20, 61.31(1) and 61.50) I have been retained by the owner as the supervising professional per COMM 61.31(1), of the performance of supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the Department of Health and Family Services certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications.

14. ORIGINAL SIGNATURES (Sign in the applicable space)

SIGNATURE – Building and HVAC Designer and Supervising Professional	Date Signed
SIGNATURE – Building Designer and Supervising Professional	Date Signed
SIGNATURE - HVAC Designer and Supervising Professional	Date Signed
SIGNATURE - Lighting Designer and Supervising Professional	Date Signed
SIGNATURE - Sprinkler Designer and Supervising Professional	Date Signed

15. COMPONENTS SUBMITTED SEPARATE FROM BUILDING

ORIGINAL SIGNATURE - Building Designer (Component Submittal)	Date Signed	Name - Component Fabricator
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